

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/087293

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
101				/			
102				/			
103				/			
104				/			
105				/			
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145				/			
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148				/			
149				/			
150				/			
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS			██████████		██████████		██████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
151						/	
152						/	
153						/	
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197						/	
198						/	
199						/	
200						/	
TOTAL IND.			↓		3	↓	↓
TOTAL DEP.			←		80	←	←
TOTAL CLAIMS			██████████		██████████		██████████